

Fill in this information to identify the case:

Debtor name **Grand Fusion Housewares, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) **24-41694**

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 413,932.12
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 413,932.12

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 1,309,654.79
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,839,069.04
4. Total liabilities Lines 2 + 3a + 3b	\$ 3,148,723.83

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **US Bank** **Checking** **6554** **\$0.00**

3.2. **US Bank** **Checking** **7276** **\$450.46**

3.3. **Paypal** **Money Account** **\$0.00**

3.4. **Bank of Texas** **Checking** **\$98,952.06**

4. Other cash equivalents (Identify all)

Funds held by Amazon that are owned by the Debtor resulting from sales on

4.1. **Amazon.com** **\$49,334.10**

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$148,736.62

Part 2: Deposits and Prepayments

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6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. Lease Security Deposit with MLRP 1215 Crosby LLC \$32,630.88

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

Prepaid vendors
Renco Industiral - \$5,389.20
8.1. Cixi Yufe - \$41,170.00 \$46,559.20

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$79,190.08

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 24,531.47 - 0.00 = \$24,531.47
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$24,531.47

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	Inventory		Unknown	Replacement	\$161,473.95

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22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$161,473.95

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Tables, chairs, shelves, and other office furniture	\$8,122.60		Unknown

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

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Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Trade Show booth items	\$45,214.14		Unknown
	Warehouse equipment, including Zig Lifts, Pallet Jack with Scale	\$43,852.15		Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Various patents, trademarks, and other intellectual property.	\$97,642.63		Unknown

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61. **Internet domain names and websites**
62. **Licenses, franchises, and royalties**
63. **Customer lists, mailing lists, or other compilations**
64. **Other intangibles, or intellectual property**
65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$148,736.62	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$79,190.08	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$24,531.47	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$161,473.95	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$413,932.12	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$413,932.12

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Celtic Bank Corporation <small>Creditor's Name</small> 268 S. State Street Salt Lake City, UT 84111 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred January 2020 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Substantially all assets of the Debtor Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$98,170.44	Unknown

2.2 First Citizens Community Bank <small>Creditor's Name</small> 39 King Arthur Drive Mill Hall, PA 17751 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 9/30/2022 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Substantially all assets of the Debtor as more fully set forth in applicable security agreement Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$95,546.25	Unknown
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Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 Midwest Regional Bank

Creditor's Name

**363 Festus Centre Drive
Festus, MO 63028**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

August 2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Substantially all of the Debtor's assets

\$179,956.25

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Propella Capital LLC

Creditor's Name

**1820 Avenue M, #432
Brooklyn, NY 11230**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/5/2023

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Certain accounts receivable

\$299,479.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 Rapid Finance

Creditor's Name

**20 West Jefferson, Floor 11
Detroit, MI 48226**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien
Substantially all assets of the Debtor as more fully set forth in applicable security agreement

\$45,770.86

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Debtor **Grand Fusion Housewares, LLC**
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Date debt was incurred

December 2022

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 Silverline Services Inc.

Creditor's Name

265 Sunrise Highway, Suite 236

Rockville Centre, NY 11570

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

April 2023

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$76,159.00

\$0.00

Certain accounts receivable

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.7 Smart Business

Creditor's Name

**561 NE 79th Street
Miami, FL 33138**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$97,632.00

\$0.00

Certain accounts receivable

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.8 U.S. Small Business Administration

Describe debtor's property that is subject to a lien

\$325,000.00

Unknown

Debtor **Grand Fusion Housewares, LLC**

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Creditor's Name

**1545 Hawkins Blvd., Suite
202
El Paso, TX 79925**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

April 2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Substantially all assets of the Debtor as more fully set forth in applicable security agreement

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9 Wells Fargo

Creditor's Name

**333 Market Street, 14th
Floor
San Francisco, CA 94105**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Substantially all assets of the Debtor as more fully set forth in applicable security agreement

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

\$91,940.99

Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,309,654.79

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**Propella Capital LLC
c/o Tucker, Albin & Associates
1702 Collins Blvd., Suite 100
Richardson, TX 75080**

On which line in Part 1 did you enter the related creditor?

Line **2.4**

Last 4 digits of account number for this entity

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Silverline Services Inc.
1334 Peninsula Blvd., Suite 160
Hewlett, NY 11557

Line **2.6**

Silverline Services, Inc.
c/o Zachter PLLC
Jeffrey Zachter
2 University Plaza, Suite 205
Hackensack, NJ 07601

Line **2.6**

Smart Business
c/o Triton Recovery LLC
3111 N. University Dr., Ste. 604
Coral Springs, FL 33065

Line **2.7**

Fill in this information to identify the case:

Debtor name **Grand Fusion Housewares, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

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☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address California State Comptroller 300 Capitol Mall, Suite 1850 Sacramento, CA 95814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Internal Revenue Service Special Procedures - Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address Texas Comptroller of Public Accounts Bankruptcy & Collection Division MC 008 P.O. Box 12548 Austin, TX 78711-2548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address 3CG Refundsniper LLC 961 Broadway, Suite 118 Woodmere, NY 11598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.22	
3.2	Nonpriority creditor's name and mailing address 3S Design & Innovation Flat E, JJ Apartments, No. 7 Rangapillai Street Pondicherry, 605001 India Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.60	
3.3	Nonpriority creditor's name and mailing address Acosta Inc. PO Box 281996 Atlanta, GA 30384-1996 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,277.65	
3.4	Nonpriority creditor's name and mailing address All Star Houseware Ltd Room 1505-1512, No 3 Greenland Technology Bldg, Lane 58 Xin Jian East Road Shanghai 201199 China Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,442.83	
3.5	Nonpriority creditor's name and mailing address Alliance Funding Group 17542 17th Street #200 Tustin, CA 92780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,246.00	

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3.6	Nonpriority creditor's name and mailing address American Express P.O. Box 981535 El Paso, TX 79998-1535 Date(s) debt was incurred ____ Last 4 digits of account number 1002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,827.47
3.7	Nonpriority creditor's name and mailing address American Express P.O. Box 981535 El Paso, TX 79998-1535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,911.77
3.8	Nonpriority creditor's name and mailing address Barbara Schuman 57 Roundtop Road Yonkers, NY 10710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.41
3.9	Nonpriority creditor's name and mailing address Boxed LLC Dept 2447 PO Box 122447 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,320.46
3.10	Nonpriority creditor's name and mailing address Brendan Bauer 5636 Montreaux Drive Frisco, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,309.72
3.11	Nonpriority creditor's name and mailing address Brendan Bauer 5636 Montreaux Drive Frisco, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$459,309.19
3.12	Nonpriority creditor's name and mailing address Capital One P.O. Box 60599 City Of Industry, CA 91716-0599 Date(s) debt was incurred ____ Last 4 digits of account number 6185	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,660.78

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3.13	Nonpriority creditor's name and mailing address Cixi Yufei Import & Export Company Room 1903 Friendship Building, No. 558 Renhe Rd. Cixi City 315300, Zhejiang Prov. China Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551,044.79
3.14	Nonpriority creditor's name and mailing address Commercial Service Department 901 Jupiter Road Plano, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.15	Nonpriority creditor's name and mailing address CouponBirds 2443 Fillmore Street 380-3240 San Francisco, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.97
3.16	Nonpriority creditor's name and mailing address D&H Marketing Group Inc. PO Box 1229 Burgaw, NC 28425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,004.72
3.17	Nonpriority creditor's name and mailing address Dana Knowles 310 Wilson Street Martinsburg, WV 25401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$886.52
3.18	Nonpriority creditor's name and mailing address Dierbergs Markets PO Box 66513 Saint Louis, MO 63166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.10
3.19	Nonpriority creditor's name and mailing address DSD Group Inc 17025 Kingsview Avenue Carson, CA 90746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.63

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3.20	Nonpriority creditor's name and mailing address Elizabeth Go 11338 Knoll Chest Dr. Fontana, CA 92337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$781.20
3.21	Nonpriority creditor's name and mailing address Elizabeth Perez 2081 Ashbourne Drive Rockwall, TX 75087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$654.34
3.22	Nonpriority creditor's name and mailing address Flock Freight Inc. Dept LA 24808 Pasadena, CA 91185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,720.68
3.23	Nonpriority creditor's name and mailing address Flying Cork Media LLC 320 Ft. Duquesne Blvd. Suite 200 Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,498.87
3.24	Nonpriority creditor's name and mailing address G3 Consulting LLC 902A S. Walton Blvd., Ste. 1, Unit 235 Bentonville, AR 72712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326.69
3.25	Nonpriority creditor's name and mailing address GBS Labeling 3658 Wyoga Lake Rd Stow, OH 44224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,036.78
3.26	Nonpriority creditor's name and mailing address Gentile-Lichter Associates 8901 Amherst Avenue Margate City, NJ 08402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,578.37

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3.27	Nonpriority creditor's name and mailing address Gourmet Catalog 3311 Oak Lawn Ave., Suite 350 Dallas, TX 75219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.23
3.28	Nonpriority creditor's name and mailing address Hanover Insurance 440 Lincoln Street Worcester, MA 01653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,792.40
3.29	Nonpriority creditor's name and mailing address Hilton Blieden 12 Partridge Irvine, CA 92604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,284.70
3.30	Nonpriority creditor's name and mailing address Hilton Blieden 12 Partridge Irvine, CA 92604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,707.13
3.31	Nonpriority creditor's name and mailing address Idea Galleria Designs LLC Talia Afoa 717 N. 5th Avenue Apt. B Wilmington, NC 28401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.78
3.32	Nonpriority creditor's name and mailing address Imagination Products Corp. 227 W. Cedar Street Chillicothe, IL 61523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,820.00
3.33	Nonpriority creditor's name and mailing address Information Resources, Inc. 203 N. LaSalle Street Chicago, IL 60601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,550.00

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3.34	Nonpriority creditor's name and mailing address Integrated Logistics 2000 LLC PO Box 8372 Virginia Beach, VA 23450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,856.92
3.35	Nonpriority creditor's name and mailing address IPFS Corporation of California PO Box 412086 Kansas City, MO 64141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,968.00
3.36	Nonpriority creditor's name and mailing address J&A Designs LLC Anne McMahon 2476 Mirror Lake Drive Virginia Beach, VA 23453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.09
3.37	Nonpriority creditor's name and mailing address JD Logistics United States Company 13200 Loop Road Fontana, CA 92337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,285.00
3.38	Nonpriority creditor's name and mailing address Jokari US, Inc. 585 Alpha Drive Pittsburgh, PA 15238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
3.39	Nonpriority creditor's name and mailing address Kathy Baker & Assoc Inc. 12021 E. 32nd Avenue Spokane, WA 99206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.56
3.40	Nonpriority creditor's name and mailing address Lee & Associates 14950 Quorum Drive, Suite 100 Dallas, TX 75254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,460.58

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3.41	Nonpriority creditor's name and mailing address Martin & Associates 2101 Woodhaven Drive Prosper, TX 75078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.90
3.42	Nonpriority creditor's name and mailing address MLR Innovations Inc. 13-11 145 Place Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.68
3.43	Nonpriority creditor's name and mailing address Modaliti LLC 1064 E. 2100S #19 Salt Lake City, UT 84106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,725.52
3.44	Nonpriority creditor's name and mailing address Mueller Yurgae Associates 2155 E. 129th Street Olathe, KS 66062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,968.94
3.45	Nonpriority creditor's name and mailing address Parker & Bailey Corp 4 Walpole Park Walpole, MA 02081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,008.98
3.46	Nonpriority creditor's name and mailing address Peachy Clean Devine Products LLC PO Box 1068 Dalton, GA 30722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,260.46
3.47	Nonpriority creditor's name and mailing address Priority-1 Inc PO Box 840808 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,886.33

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3.48	Nonpriority creditor's name and mailing address Product Concepts & Solutions LLC PO Box 1445 Eules, TX 76039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.73
3.49	Nonpriority creditor's name and mailing address PSI Inc. 275 N. 1300 E #201 Lewiston, UT 84320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.45
3.50	Nonpriority creditor's name and mailing address QVC 1200 Wilson Drive West Chester, PA 19380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,525.46
3.51	Nonpriority creditor's name and mailing address RCJ - Ron Johnson 5540 Nolan Avenue N. Oak Park Heights, MN 55082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$429.45
3.52	Nonpriority creditor's name and mailing address Republic Services PO Box 78829 Phoenix, AZ 85062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,118.80
3.53	Nonpriority creditor's name and mailing address RLR Marketing 830 Grove Avenue Morris, IL 60450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,305.22
3.54	Nonpriority creditor's name and mailing address Schaefer Associates, Inc. 2158 Indian Avenue S Bellair Bluffs, FL 33770 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.13

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3.55	Nonpriority creditor's name and mailing address Sourcing Services International, Inc. 2313 Tremont Blvd. McKinney, TX 75071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.36
<hr/>			
3.56	Nonpriority creditor's name and mailing address SSI Products, LLC 598 N. Beach St. #104 Fort Worth, TX 76111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
<hr/>			
3.57	Nonpriority creditor's name and mailing address Stanza International LLC 13896 Magnolia Avenue Chino, CA 91710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,635.50
<hr/>			
3.58	Nonpriority creditor's name and mailing address Supermarket Representatives Inc. 4 Kuhl Avenue Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$936.10
<hr/>			
3.59	Nonpriority creditor's name and mailing address Synergy Sales Associates 601 N. Orlando Avenue Suite 209 Maitland, FL 32751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,158.65
<hr/>			
3.60	Nonpriority creditor's name and mailing address Tansoo Inc. 102 NE 2nd Avenue #276 Boca Raton, FL 33432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.54
<hr/>			
3.61	Nonpriority creditor's name and mailing address The Kennedy Law Group PLLC 19240 51st Avenue NE Seattle, WA 98155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00

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3.62	Nonpriority creditor's name and mailing address The Pallet Company 3501 Eubanks Wylie, TX 75098 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.63	Nonpriority creditor's name and mailing address The Reese Group 2820 Bransford Avenue Nashville, TN 37204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,247.33
3.64	Nonpriority creditor's name and mailing address U-Moo Products, Inc. 17868 Cassidy Place Chino Hills, CA 91709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,560.10
3.65	Nonpriority creditor's name and mailing address Umbra 1705 Broadway Buffalo, NY 14212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,000.00
3.66	Nonpriority creditor's name and mailing address US Bank 800 Nicollet Mall Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number <u>7554</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,848.73
3.67	Nonpriority creditor's name and mailing address US Bank 800 Nicollet Mall Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number <u>2355</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,803.02
3.68	Nonpriority creditor's name and mailing address US Bank 800 Nicollet Mall Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number <u>9988</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,409.55

Debtor	Grand Fusion Housewares, LLC <small>Name</small>	Case number (if known)	24-41694
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3.69	Nonpriority creditor's name and mailing address Worldwide Express 2700 Commerce Street, Suite 1500 Dallas, TX 75226 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,466.13
3.70	Nonpriority creditor's name and mailing address Wuxi Rayshine Industrial & Trading Co 4-5th Floor, Chiway Center No. 2166-1 Taihu Avenue Wuxi Jiangsui 214072 China Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,225.36
3.71	Nonpriority creditor's name and mailing address Xiaofei (Della) Ou 17868 Cassidy Place Chino Hills, CA 91709 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180,103.92
3.72	Nonpriority creditor's name and mailing address Xivestory Korea Bundang Technopark A-complex B210 Pangyo-Ro 697 Bundang-Gu Seongnam-si Korea Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,323.55

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Boxed LLC PO Box 356 Massapequa, NY 11758	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Dierberts Markets, Inc. 16690 Swingley Ridge Road Chesterfield, MO 63017	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	Lee & Associates c/o Jay Evans Muncsh Hardt Kopf Harr 500 N. Akard St., Suite 4000 Dallas, TX 75201	Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

	<div style="background-color: #f2f2f2; padding: 2px; display: inline-block;">Total of claim amounts</div> 5a. \$ _____
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Debtor Grand Fusion Housewares, LLC
Name

Case number (if known) 24-41694

5b. Total claims from Part 2

5b. + \$ 0.00
1,839,069.04

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ 1,839,069.04

Fill in this information to identify the case:

Debtor name **Grand Fusion Housewares, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) **24-41694**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Sublease of premises located 1215 W. Crosby Road, Bldg. 100, Ste. 100, Carrollton, Texas July 31, 2027

State the term remaining

List the contract number of any government contract

**Accelevation LLC
235 S Pioneer Blvd
Springboro, OH 45066**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Lease/financing agreement for forklift

State the term remaining

June 8, 2026

List the contract number of any government contract

**Alliance Funding Group
17542 17th Street #200
Tustin, CA 92780**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Cyber insurance

State the term remaining

September 22, 2024

List the contract number of any government contract

**Coalition Insurance Solutions
100 Bank Street, Suite 630
Burlington, VT 05401**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Industrial lease of warehouse space located at 1215 W. Crosby Road, Bldg. 100, Ste. 100, Carrollton, Texas July 31, 2027

State the term remaining

List the contract number of any government contract

**MLRP 1215 Crosby LLC
c/o ML Realty Partners, LLC
One Pierce Place, Suite 450-W
Itasca, IL 60143**

Debtor 1 **Grand Fusion Housewares, LLC**

Case number (if known) **24-41694**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Property, General Liability, Commercial Auto, and Umbrella insurance policies
Policy numbers ZD3D69312007 and UH3D69312105
September 22, 2024

State the term remaining

List the contract number of any government contract

The Hanover Insurance Group Inc.
440 Lincoln Street
Worcester, MA 01653

Fill in this information to identify the case:

Debtor name **Grand Fusion Housewares, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) **24-41694**

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Blieden Living Trust**

[Address on file]

Celtic Bank Corporation

☒ D **2.1**
☐ E/F _____
☐ G _____

2.2 **Brendan Bauer**

[Address on file]

Alliance Funding Group

☐ D _____
☒ E/F **3.5**
☐ G _____

2.3 **Brendan Bauer**

[Address on file]

American Express

☐ D _____
☒ E/F **3.6**
☐ G _____

2.4 **Brendan Bauer**

[Address on file]

Celtic Bank Corporation

☒ D **2.1**
☐ E/F _____
☐ G _____

2.5 **Brendan Bauer**

[Address on file]

First Citizens Community Bank

☒ D **2.2**
☐ E/F _____
☐ G _____

Debtor **Grand Fusion Housewares, LLC**

Case number (if known) **24-41694**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Brendan Bauer	[Address on file]	Midwest Regional Bank	<input checked="" type="checkbox"/> D <u>2.3</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.7	Brendan Bauer	[Address on file]	Propella Capital LLC	<input checked="" type="checkbox"/> D <u>2.4</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.8	Brendan Bauer	[Address on file]	Rapid Finance	<input checked="" type="checkbox"/> D <u>2.5</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.9	Brendan Bauer	[Address on file]	Silverline Services Inc.	<input checked="" type="checkbox"/> D <u>2.6</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.10	Brendan Bauer	[Address on file]	Smart Business	<input checked="" type="checkbox"/> D <u>2.7</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.11	Brendan Bauer	[Address on file]	U.S. Small Business Administration	<input checked="" type="checkbox"/> D <u>2.8</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.12	Brendan Bauer	[Address on file]	Wells Fargo	<input checked="" type="checkbox"/> D <u>2.9</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.13	Debra Bauer	[Address on file]	Midwest Regional Bank	<input checked="" type="checkbox"/> D <u>2.3</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

Debtor **Grand Fusion Housewares, LLC**

Case number (if known) **24-41694**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Elayne Blieden	[Address on file]	Midwest Regional Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.15	Elayne Blieden	[Address on file]	Celtic Bank Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.16	Hilton Blieden	[Address on file]	Alliance Funding Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.17	Hilton Blieden	[Address on file]	American Express	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.18	Hilton Blieden	[Address on file]	Capital One	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
2.19	Hilton Blieden	[Address on file]	Celtic Bank Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.20	Hilton Blieden	[Address on file]	First Citizens Community Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.21	Hilton Blieden	[Address on file]	Midwest Regional Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Grand Fusion Housewares, LLC**

Case number (if known) **24-41694**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.22	Hilton Blieden	[Address on file]	Propella Capital LLC	<input checked="" type="checkbox"/> D <u>2.4</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.23	Hilton Blieden	[Address on file]	Rapid Finance	<input checked="" type="checkbox"/> D <u>2.5</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.24	Hilton Blieden	[Address on file]	Silverline Services Inc.	<input checked="" type="checkbox"/> D <u>2.6</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.25	Hilton Blieden	[Address on file]	Smart Business	<input checked="" type="checkbox"/> D <u>2.7</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.26	Hilton Blieden	[Address on file]	U.S. Small Business Administration	<input checked="" type="checkbox"/> D <u>2.8</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.27	Hilton Blieden	[Address on file]	US Bank	<input type="checkbox"/> D _____
				<input checked="" type="checkbox"/> E/F <u>3.66</u>
				<input type="checkbox"/> G _____

2.28	Hilton Blieden	[Address on file]	Wells Fargo	<input checked="" type="checkbox"/> D <u>2.9</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.29	Xiaofei Ou	[Address on file]	Midwest Regional Bank	<input checked="" type="checkbox"/> D <u>2.3</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

Debtor **Grand Fusion Housewares, LLC**

Case number (if known) **24-41694**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.30	Xiaofei Ou	[Address on file]	US Bank	<input type="checkbox"/> D _____
				<input checked="" type="checkbox"/> E/F <u>3.66</u>
				<input type="checkbox"/> G _____

2.31	Xiaofei Ou	[Need address]	Wells Fargo	<input checked="" type="checkbox"/> D <u>2.9</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

2.32	Xudong Niu	[Address on file]	Midwest Regional Bank	<input checked="" type="checkbox"/> D <u>2.3</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Grand Fusion Housewares, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 24-41694

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 13, 2024

x /s/ Hilton Blieden

Signature of individual signing on behalf of debtor

Hilton Blieden

Printed name

Authorized Representative

Position or relationship to debtor